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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

LAIN-YEN HU

ANDROGEN MODULATORS

PC32134

I hereby appoint:

☒ Practitioners at Customer Number

28880

OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

LAIN-YEN HU

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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Name

HUANGSHU LEI

Signature

Date

Aug 24 2006

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Name

DANIEL Y. DU

Signature

Date

8/31/2006

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Name

BRUCE A. LEFKER

Signature

Date

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SIGNATURE of Applicant or Assignee of Record

Name

YVONNE DOROTHY SMITH

Signature

Yvonne Dorothy Smith

Date

August 31, 2006

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VICTOR FEDIJ

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